

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Work for Progress</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>		
Mailing Address <b>1543 Wazee Street, 4th Floor</b>			Amount <b>56022.00</b>		
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80202</b>	Transaction ID : <b>B532993</b>		
Purpose of Expenditure Distribution of canvass literature		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>		
Name of Federal Candidate <b>Mark Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>182374.56</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Work for Progress</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>		
Mailing Address <b>1543 Wazee Street, 4th Floor</b>			Amount <b>56022.00</b>		
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80202</b>	Transaction ID : <b>B532994</b>		
Purpose of Expenditure Distribution of canvass literature		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>		
Name of Federal Candidate <b>Cory Gardner</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>182374.56</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>112044.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Mailing Address 434 West 33rd Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           163.38         </div>	
City New York	State NY	Zip Code 10001	<b>Transaction ID : B532999</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure List rental		Category/ Type 004	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           940332.90         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Mailing Address 434 West 33rd Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           1902.78         </div>	
City New York	State NY	Zip Code 10001	<b>Transaction ID : B532997</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure Social media outreach tool		Category/ Type 004	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           940332.90         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         2066.16       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">         _____       </div>

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*Aletheia Henry*
*[Electronically Filed]*

Date

M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">162.37</div>	
City New York	State NY		
Purpose of Expenditure List rental	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : B532998</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Name of Federal Candidate Thom Tillis		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">940332.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Mailing Address 1110 Vermont Ave N.W. #300		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">13964.79</div>	
City Washington	State DC		
Purpose of Expenditure Canvassing - Persuasion & GOTV	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : B533001</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Name of Federal Candidate Thom Tillis		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">940332.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%;">14127.16</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

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Date

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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>		Amount <b>13964.79</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>B533000</b>
Purpose of Expenditure <b>Canvassing - Persuasion &amp; GOTV</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Kay Hagan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>940332.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>13964.79</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>142202.11</b>

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Aletheia Henry

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**09 / 24 / 2014**

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